



*COVID-19 Guidance: In-Person Community Support, Work Support, and Career Planning  
MaineCare Sections 18, 19, 20, 21 and 29, Section 26 Day Health Services, and State funded Section 61 Adult  
Day Services*

**Updated February 2, 2021 (Changes in red)**

The Maine Department of Health and Human Services, Office of Aging and Disability Services (OADS) remains dedicated to health and public safety as the Department continues to respond to the COVID-19 (coronavirus) pandemic. The Department recognizes the importance, especially during this time of heightened health and safety uncertainty, of providing flexibility for people with disabilities so they can continue to connect to others and their communities.

### **In-Person Community Support, Work Support, and Career Planning**

Based on the Department's guidance for Community Engagement, when a county is identified as low or moderate **transmission based on the 14 day positivity rate** [Transmission Rate Map](#) providers may choose to operate in-person group community/employment services in accordance with the following guidelines:

1. **Group Size Guidance.** No more than 50 individuals (including staff) attending/present at the same time in a center-based Community Support Program or in a Work Support Group employment site.
  - A. Social distancing must always allow for at least 6 feet between people for health and safety.
  - B. Suggested best practice: Break up the attendees into groups of 10 or fewer (individuals and staff) to receive services in the setting with the following:
    - Separate bathrooms to be used for each distinct group.
    - Separate entrances/exits to be used for each distinct group.
    - Separate assigned staff for each distinct group.
    - No common use of kitchens, break rooms, or conference rooms.
    - Each room/area should have full walls to the ceiling and doors that can be closed.
2. **Screening and Documentation.** All personnel and individuals attending in-person programs or receiving employment services **must be** screened for COVID-19 symptoms each time they enter the program or are provided services. Screening should include questions about exposure to COVID-19 and assessment of people for cough, shortness of breath or fever. Providers must maintain documentation of all screening performed.
3. **Personal Protective Equipment/Face Coverings (PPE).** PPE, including face coverings, must be available for all staff and members and be utilized as required by [CDC](#). Face coverings must be used by all staff and members, **even after vaccination**. Staff must utilize, at a minimum, cloth or disposable face coverings. Program participants who experience difficulty wearing the required face coverings may seek a medical exception from their physician for the cloth or disposable face covering requirement. With proof of medical recommendation not to wear a cloth or disposable face covering, a participant will substitute a face shield that extends below the chin and covers the ears. It is strongly encouraged that staff

working closely with exempted participants take additional protective measures, including eye protection and gloves during all close contact. Close contact is defined as within 6' of an unmasked participant. take additional protective measures, including eye protection and gloves during all close contact. Close contact is defined as within 6' of an unmasked participant.

4. **Hand Hygiene.** All employees and members must practice regular handwashing including upon arrival and before leaving the program/services. Hand sanitizer may be used in situations where soap and water are unavailable. Reminders about the importance of handwashing **must** be posted in bathrooms and kitchens.
5. **Visitor Policy.** A no-visitor policy to Community Support programs is allowed during the COVID-19 emergency and must be posted and shared with members, families, others.
6. **Cleaning and Disinfecting.** Staff must be provided with necessary cleaning supplies and the cleaning supplies must be utilized to ensure that regular cleaning/disinfecting occurs.
7. **COVID-19 Exposure or Positive Result.** For members receiving developmental disability or brain injury services, every Reportable Event must be documented and reported in accordance with the [COVID-19 Reportable Event Guidance and Procedures](#).
8. **Assurances.** Provider must complete and submit the assurances form included below prior to opening. If the provider has previously submitted the assurance form, it does not need to be resubmitted, but the provider should notify OADS that it is reopening and provide the reopening date.

In- Person Community Support Services may be provided in a flexible manner outside of a building/program, such as in the person's home or an alternative setting like a walk in the neighborhood, basketball in the local outdoor courts, hike in the woods, or other location with few people and the ability to practice social distancing.

Work Support and Career Planning in-person services may be provided in community places where businesses follow all applicable social distancing and health safety protocols.

#### **Telehealth Option:**

Community and Employment Telehealth Services continue as an option for waiver members during the COVID-19 emergency if the member chooses to receive services remotely. All services must be provided based on the person-centered plan and allowable ratio of DSP to member support, as follows:

- Community Support Services and [Telehealth](#) (1 DSP to up to 6 members, per the K Amendment only)
- Work/Career [Telehealth](#) (1 DSP to 1 member, except for Work-Group)

**Additional Information:**

- Waiver members may choose to remain at home and not attend Community Support Services or receive in-person employment services during the emergency.
- Waiver members in a high-risk group may best and safely be served by staying home and re-evaluating the situation weekly.
- Waiver members may supply their own face coverings or may use those supplied by the service provider.
- Waiver members who are using public transportation, Non-Emergency Transportation (NET), or other group ride share must be supported to maintain social distancing and have access to PPE (face coverings) during the transportation.
- Case Managers and Care Coordinators may request to visit a provider Community Support setting following health safety protocols in order to ensure the member's health and safety.
- Providers need to communicate COVID-19 safety precautions and plans to members, their families, Residential Providers, and Case Managers/Care Coordinators.
- Employment Services staff need to coordinate with the employer and waiver member for returning to work and provide support for new health safety protocols at the business.
- Career Planning staff may meet in community locations or businesses with the waiver member, following all applicable health safety protocols.
- Community Support Services may be provided at an alternative location such as a home, hotel, or shelter during the COVID-19 emergency.
- Waiver members may receive both telehealth and in-person services during the COVID-19 emergency.
- If a member resides in a setting that has an active COVID-19 case, they must not attend program/services for at least 14 days. If staff are exposed, they must not work for at least 14 days.
- Providers must assess changes to providing in-person services if there is a change in the level of cases or community spread and communicate this to OADS.

**Other Information and Resources:**

DECD and CDC's most recent guidance which includes a COVID-19 Prevention Checklist: [General Guidance](#) and [Industry Guidance](#)

[Plain Language Information on COVID-19](#)

[Administration for Community Living COVID-19 Resources](#)

[Maine CDC Face Covering Information](#)

[US CDC Poster on Infection Control](#)

## PROVIDER ASSURANCE FORM

The following assurances are required from a provider of Community Support, Work Support, Career Planning for each setting where services will continue or resume.

1. **Settings:** MaineCare Waiver Providers may provide services in either a congregate and/or individualized setting. For purposes of completing this Provider Assurance Form, a provider that operates multiple settings should identify and list them all on a single Form. Additionally, providers with disperse settings where Community Support or Work Support/Career Planning Services primarily take place in community-based places should list this information on the Form as one setting (not multiple locations) (such as the provider's headquarters location).
2. **Submission of Completed Form:** Completed Provider Assurance Forms must be submitted electronically to the Maine Department of Health and Human Services, Office of Aging and Disability Services (OADS) at the following e-mail address: [OADS@maine.gov](mailto:OADS@maine.gov).
3. **Receipt and Confirmation:** Once a properly completed Provider Assurance Form is received, OADS will confirm receipt by return e-mail to be provided within one business day.
4. **Services:** Providers may resume providing services once a properly completed Provider Assurance Form is submitted to OADS and a confirmation e-mail has been received by the provider. For providers who have maintained services throughout the state of emergency, those services may continue as long as the provider promptly completes and submits the required Provider Assurance Form to OADS.

### **Provider Assurance: (ONLY submit if you have not done so before)**

By completing and signing this Provider Assurance Form, the provider acknowledges reading and agreeing to follow, at all of its congregate and/or individualized settings, the health and safety practices and requirements set forth in the *COVID-19 Guidance: In-Person Community Support, Work Support, and Career Planning MaineCare Sections 18, 19, 20, 21 and 29, Section 26 Day Health Services, State funded Section 61 Adult Day Services* document prepared by OADS, as amended.

Provider Name:

Main Office Address:

1. Setting Name:
  - a. Street/Town located:
  - b. Service(s) Provided in Setting:
  - c. Setting Phone Number/e-mail
  - d. Date to Open:
2. Setting Name:
  - a. Street/Town located:
  - b. Service(s) Provided in Setting:
  - c. Setting Phone Number/e-mail
  - d. Date to Open:
3. Setting Name:
  - a. Street/Town located:

- b. Service(s) Provided in Setting:
- c. Setting Phone Number/e-mail
- d. Date to Open:

4. Setting Name:

- a. Street/Town located:
- b. Service(s) Provided in Setting:
- c. Setting Phone Number/e-mail
- d. Date to Open:

5. Setting Name:

- a. Street/Town located:
- b. Service(s) Provided in Setting:
- c. Setting Phone Number/e-mail
- d. Date to Open:

6. Setting Name:

- a. Street/Town located:
- b. Service(s) Provided in Setting:
- c. Setting Phone Number/e-mail
- d. Date to Open:

Please indicate the Section of Policy (ies) that day services are provided **(check all that apply)**:

- ☐ MaineCare Section 21-Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder
- ☐ MaineCare Section 26- Day Health Services
- ☐ MaineCare Section 29-Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder
- ☐ OADS Section 61- Adult Day Services

## Acknowledgment of and attestation to the above statements:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature (e-signature)

\_\_\_\_\_  
Date (MM/DD/YYYY)